

CITY OF ROCHESTER APPLICATION FOR PLUMBING PERMIT

ADDRESS OF WORK:			Rochester, New York		
PROPERTY OWNER:			PHONE #:		
LICENSED PLUMBER:			PHONE #:		
PLUMBING FIRM NAME:			PHONE #:		
PLUMBING FIRM ADDRESS			(CITY, STATE, ZIP)		
(STREET)			(GITT, STATE, ZIF)		
PROPOSED WORK (CHECK O	NE)				
SITE WORK NEW COMMER COMMERCIAL NEW RESIDEN WATER SERVIC	CIAL RES REMO REMODELING LOT LINE TIAL SEWER C CE RENEWAL WATER SI	ANTS CLEAN OUT	HVAC N & O CASE NBR OWNER BACKFLOW H.W. HEATER		
Qty.	Fee	Qty. Fee	Qty. F	ee	
Backflow Preventer			Separator (Oil)		
Backflow Repair	-		Sewage Ejector		
Backflow Test	O		Sewer (Storm)		
Catch Basin			Sewer (Sanitary)		
Conductor			Sewer (Industrial)		
Dental Chair	Hosebib		Sewer Repair		
<u>Dishwasher</u>	Hot Water Heater				
Disposal	Hot Water Storage				
Drain (Air-Conditioning)			Sink (Hand)		
Drain (Equipment)			Sink (Mop)		
Drain (Floor)	Laundry Box		Sink (Bar)		
<u>Drain (Future)</u> Drain (Roof)	·		Sink (3 compartment)		
Drain (Roor) Drain (Trench)	lavatory		Sink (Vegetable)		
Drain (Trench) Drain (Steam Table)	,		Sprinkler Drain Sump Pump		
Drain (Steam Table) Drain (Heat Pump)			Tub		
Drain (Cooler)	Meter Pit		Urinals		
Drain (Pop Dispenser)	Miscellaneous		Vacuum Breaker		
Drain (Condensate)	Permit Fee		Water Main		
Drinking Fountain			Water Line		
Eye Wash	•		Water Closet		
Fixture Removal			Water Service		
I am a licensed plumber (#)			BASE PERMIT FEE PENALTY FEE		
The certified backflow tester is an employee of my company. His/her certification number is and the			TOTAL PERMIT FEE		
backflow device numb		COST ESTIMATE			
i am the single family	owner and occupant performing	tne work.			

Signature _____ Date____